

The NVVC: here, there and everywhere

M-J. de Boer

When I started my cardiology training, back in 1976, cardiology in the Netherlands was highly dependent on internal medicine. Coronary care and intensive care units were led by internal medicine physicians in most hospitals in the Netherlands whereas in the US (where I had worked for a while) cardiology was a discipline in its own right, at least in university centres. In our country, this changed rapidly in the ensuing years and the Netherlands Society of Cardiology (NVVC) played a key role in this process. People like Paul Hugenholtz, Hein Wellens and Albert Bruschke introduced us, interns and fellows of my generation, to a new and modern approach of our patients and a more scientific way of thinking. Many others, mentioned in the article by Ernst van der Wall et al.,¹ have made important contributions as well and set the stage for young talent and ambitious researchers inspiring them until this day. We have witnessed the coming of age of our biannual NVVC congress to a level that meets the highest international standards and our *Netherlands Heart Journal* has proven to be a platform for many scientific research groups, the recent recognition by the Web of Science being a new highlight.

Where do we go from here? I personally think that there is much to lose and some words of caution are appropriate.

Intensive care medicine has recently reached adulthood and in many hospitals coronary care units have been incorporated into larger intensive care units. Sometimes, we are no longer in control and have to deal and to make arrangements with highly trained specialists in other fields. However, we are the only real specialists where the heart is concerned and we should offer our skills and knowledge for the sake of optimal patient care.

Our fine speciality has been subdivided in other specialities such as interventional cardiology, electrophysiology and cardiac imaging. A schism in our NVVC has been successfully prevented in the recent past but an unwanted divergence lies ahead. Internal medicine has decided to split their discipline up into a gut, liver and gastrointestinal part and a 'general' one (consisting of many subdivisions!), which has led to different and unwanted points of view on a political, financial and strategic level. Specialisation may lead to blindness and this example should not be followed.² For instance, in cardiology electrophysiologists greatly rely on cardiac imaging, whereas they should require interventional skills as well. We simply cannot afford a splitting up into scattered fields.

What about research in this time of a worldwide economic crisis? Will we be able to continue including immense numbers of patients in trials investigating questions that hardly have weight from a scientific point of view? The answer should be no and the Interuniversity Cardiology Institute of the Netherlands (ICIN), in close cooperation with the NVVC, should have a leading role in putting forward priorities in scientific research.

In the Netherlands, the NVVC has been a frontrunner in the field of continuous medical education and the CVOI (Cardiovascular Education Institute of the NVVC) also initiated the process of review on a peer-to-peer level of daily practice, patient care and hospital attitude. This has been very rewarding as it has prevented us from unwanted interference from politicians and health care providers. I cannot stress enough that this is an ongoing process that needs adjustments and a highly professionalised attitude to keep us in the leading role. The NVVC has an important function in formulating guidelines and requirements for cardiac centres that specialise in the abovementioned fields. The recent decision of the Minister of Health to liberalise and execute complex cardiac care in hospitals without any background and without the numbers of patients to keep up with experience and skills cannot be taken seriously. The so-called free market that health care in our country is supposed to be these days is far from free and not a market at all. It has become very clear that politicians still have problems understanding the complicated processes that are specific for specialised health care. Over the years, the NVVC has become their serious and indispensable partner to handle the big challenges we are facing together. ■

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Reference

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- 2 Levi M. De generalist in de moderne specialistische geneeskunde. *Ned Tijdschr Geneesk* 2009; <http://www.ntvg.nl/publicatie/de-generalist-in-de-moderne-specialisti/volledig>.